RUN DAIL:	01/19/2004		II	PRS CHECKWRITE SUMMARY REPORT				
				CHECKWRITE DATE: 01/22/2004				
				FINANCIAL PAYER: NCDMH			<u> </u>	
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	191	22	CLIENT ID NUMBER DOES NOT MATC				
	H/DD/SAS			H PATIENT NAME				
								+
		8931	5	AMTNC INELIGIBLE TO RECEIVE SE	7	29	45	16
				RVICES IN IPRS.				
		8935	2	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
				RVICES IN IPRO.			-	-
3404902	BLUE RIDGE COMM	8599	6455	DETAIL NOT COVERED BY COMBINAT				
	UNITY			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		167	1652	NO CHARGE BILLED. ENTER BILLED				
		167	1652	AMOUNT AND SUBMIT DETAIL AS	375	9415	27984	18569
			+	A NEW CLAIM		<del>                                     </del>	+	+
						<u> </u>	<b>†</b>	
		191	458	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME			1	
							<del> </del>	<b>  </b>
3404904	Minominus massissis	0	0	*** NO DATA TO REPORT ***		<del>                                     </del>	+	1
	WESTERN HIGHLAN DS LME	-	-			<del>                                     </del>	+	$\vdash$
						<u> </u>	1	
				<u> </u>			<u> </u>	
		0	0		0	0	0	0
3404905	manual core:	21	646	DUPLICATE OF CLAIM-SYSTEM		1	-	
	TREND COMM MENT AL HLTH CTR	21	646	DOLLICATE OF CHAIR-SISTEM		1	1	-
	AD REIR CTK		+	+		<del> </del>		
						1	<u> </u>	
		11	263	CLIENT NOT ELIGIBLE ON SERVICE	0	916	1236	320
				DATE				
		5404	7	SEVERE DUPLICATE: SAME ATTD PR				-
		2404		OV/PCODE/TOS/DOS/MOD			-	-
3404907	RUTHERFORD-POLK	8599	1596	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	606	DUPLICATE OF CLAIM-SYSTEM				
					113	2739	5617	2878
							1	
		8000	175	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL		<b></b>	<u> </u>	igsquare
						1	-	
3404910	PATHWAYS	8599	245	DETAIL NOT COVERED BY COMBINAT		+	+	
				ION OF RECIPIENT, PROVIDER AND		<b>—</b>	1	
				BENEFIT PACKAGE.			<u> </u>	
		8931	216	AMTNC INELIGIBLE TO RECEIVE SE	315	1197	16038	14841
				RVICES IN IPRS.		1	-	
							1	-
		21	131	DUPLICATE OF CLAIM-SYSTEM		<del> </del>		
							1	
				<u> </u>			<u> </u>	
3404912	CATAWBA COUNTYM	8505	1449	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT		-	NT BUDGET		<del>                                     </del>	<del> </del>	<b> </b>
						<del>                                     </del>	+	-
		8502	11	CLAIM DENIED DUE TO INSUFFICIE	9	1473	1554	81
	+	0302		NT ALLOTMENT	9	1473	1554	81
		_	+	<u> </u>		<del> </del>		
						1		
								l l
		8931	9	AMTNC INELIGIBLE TO RECEIVE SE				
		8931	9	AMINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

PROVIDER	1	HIGH DENIENT	NUMBER OF				TOTAL	TOTAL
		HIGH DENIAL	NUMBER OF	PROOF YEST	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404913	MECKLENBURG COM	21	4302	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
		11	1087	CLIENT NOT ELIGIBLE ON SERVICE	276	6595	12953	635
			111	DATE	2/0	6393	12933	633
				DILL				<del></del>
								<b>—</b>
								<b> </b>
		8599	354	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				ĺ
3404916	CROSSROADS BEHA	21	89	DUPLICATE OF CLAIM-SYSTEM				
	VIORAL HEAL							
		8599	43	DETAIL NOT COVERED BY COMBINAT	10	195	6458	626
				ION OF RECIPIENT, PROVIDER AND	10	193	0430	020
				BENEFIT PACKAGE.				<b>—</b>
				BENEFIT PACKAGE.				
		8000	42	NO RATE AVAILABLE ON FILE TO P				
-				RICE THIS CLAIM DETAIL				ı ——
			1					
3404917	CENTERPOINT HUM	8599	221	DETAIL NOT COVERED BY COMBINAT				
			1	ION OF RECIPIENT, PROVIDER AND				<b>—</b>
	AN SERVICES	-	1	BENEFIT PACKAGE.			<u> </u>	<b> </b>
				DEMEFIT PACKAGE.				ļ
		24	143	PROCEDURE CODE, PROCEDURE/MODI	139	757	2122	136
-				FIER COMBINATION OR PROCEDURE				ı ——
				CODE/TYPE OF SERVICE COMBINATI				
			1					
		21	107	DUPLICATE OF CLAIM-SYSTEM		1		
			+					<b>—</b>
			1					<b>—</b>
3404918	ROCKINGHAM CO M	8505	164	CLAIM DENIED DUE TO INSUFFICIE				ĺ
	ENTAL HEALT			NT BUDGET				
		8599	100	DETAIL NOT COVERED BY COMBINAT	13	271	0.40	
		0333	100	ION OF RECIPIENT, PROVIDER AND	13	371	949	57
				BENEFIT PACKAGE.				
								l
		8502	60	CLAIM DENIED DUE TO INSUFFICIE				
				NT ALLOTMENT				
							-	
3404919	CULT BODD OF IMM	8505	1869	CLAIM DENIED DUE TO INSUFFICIE				<del></del>
7101515	GUILFORD CO MEN	0505	1005	NT BUDGET				<del></del>
	TAL HEALTHC			NI BODGEI				<b>—</b>
		8800	374	FURTHER PROCESSING NECESSARY,	2	2251	2793	54
-				PLEASE CHECK FOR CLAIM ON				ı ——
				FUTURE RA'S.				
			1	<u> </u>				[
		21	4	DUPLICATE OF CLAIM-SYSTEM				
			1					<b>—</b>
		-	1				<u> </u>	<b> </b>
								ļ
			1					
3404920	ALAMANCE CASWEL	8505	207	CLAIM DENIED DUE TO INSUFFICIE				ш
-	L AREA MH D			NT BUDGET				ı ——
			1					
		191	1	CLIENT ID NUMBER DOES NOT MATC	1	0		
				H PATIENT NAME	1	209	326	117
			1	H FALLENI NAME				<b></b>
		8935	1	ASTNC INELIGIBLE TO RECEIVE SE				. —
				RVICES IN IPRS.				
			1					
3404921		8505	4391	CLAIM DENIED DUE TO INCUPERCIE	1	-		l
176404	ORANGE PERSON C	0000	1071	CLAIM DENIED DUE TO INSUFFICIE				<b> </b>
	HATHAM AREA			NT BUDGET				
			1					1
		5312	702	PRIOR AUTHORIZED DOLLARS EXCEE	0	5511	5925	41
				DED	,	3311	3323	41
							-	<del></del>
		-					<u> </u>	<b>—</b>
		1	1					
		8502	208	CLAIM DENIED DUE TO INSUFFICIE				
		8502	208	CLAIM DENIED DUE TO INSUFFICIE NT ALLOTMENT				
		8502	208					

				1	1		TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
2404022		21	1070	DUDY YOURD, OF CLAYM CVCRPM				
3404922	THE DURHAM CENT ER	21	1878	DUPLICATE OF CLAIM-SYSTEM				
	ER							
		120	556	CLIENT ID NUMBER MISSING OR IN	0	2746	4262	1516
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		8599	190	DETAIL NOT COVERED BY COMBINAT				
		0333	230	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404923	VGFW AREA AUTHO	8505	257	CLAIM DENIED DUE TO INSUFFICIE				
	RITY			NT BUDGET				
		11	173	CLIENT NOT ELIGIBLE ON SERVICE	12	655	1490	785
				DATE		000	2430	,,,,
		8599	104	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
	1	+		BENEFIT PACKAGE.	-			
3404924	PIEDMONT AREA M	0	0	*** NO DATA TO REPORT ***				
	H/DD/SAS							
		0	0		0	0	0	0
	1	+	1		1			
3404925	SANDHILLS CENTE	8505	2381	CLAIM DENIED DUE TO INSUFFICIE				
1	R FOR MH/DD			NT BUDGET				
		8599	124	DETAIL NOT COVERED BY COMBINAT	55	2713	4882	2169
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DENEFII PACRAGE.				
		8800	45	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404926	SOUTHEASTERN RE	8505	815	CLAIM DENIED DUE TO INSUFFICIE				
	G MENTAL HL			NT BUDGET				
		21	198	DUPLICATE OF CLAIM-SYSTEM	189	1639	5548	3909
					103	1039	3340	3303
		8599	158	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII FACINGE.				
3404927	CUMBERLAND CO M	8505	836	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
		0.001	0.7					
	1	8621	21	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED	0	894	938	44
	1	+		FOR ADDITIONAL SERVICE.	-			
				. , , , , , , , , , , , , , , , , , , ,				
		8800	17	FURTHER PROCESSING NECESSARY,	İ			
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404020		21	52	DUDITORE OF CLAIM-OVORPM	1			
3404929	LEE HARNETT MH/	2.1	J4	DUPLICATE OF CLAIM-SYSTEM				
	DD/SAS	1			1			
	1	1		1				
	1	8621	42	60 RESIDENTIAL LEVEL III TREAT	0	206	946	740
				MENT RECEIVED, PA IS REQUIRED				
		1		FOR ADDITIONAL SERVICE.				
	1	8599	40	DETAIL NOT COVERED BY COMBINAT	1			
	1	0333		ION OF RECIPIENT, PROVIDER AND	-			
	+	†		BENEFIT PACKAGE.	1			
	JOHNSTON COUNTY	8505	104	CLAIM DENIED DUE TO INSUFFICIE				
3404930				NT BUDGET				
3404930	MNTL HLTHC							
3404930	MNTL HLTHC							
3404930	MNTL HLTHC	8800	1	FURTHER PROCESSING NECESSARY	_			-
3404930	MNTL HLTHC	8800	1	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	0	105	110	5
3404930	MNTL HLTHC	8800	1		0	105	110	5

DD OLLY DDD		UVOU BRAVES	WINDER OF				TOTAL	TOTAL
PROVIDER NUMBER	PROJETER MANE	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
HOLLDER	PROVIDER NAME	2020	DANTILLO	DEGULE TOW	DENIALS	DENIALS	FINALIZED	PAID
3404931	WAKE CO HUM SVC	8505	1493	CLAIM DENIED DUE TO INSUFFICIE				
	BILLING OF			NT BUDGET				
		21	1272	DUPLICATE OF CLAIM-SYSTEM	159	4235	15831	11596
		11	407	CLIENT NOT ELIGIBLE ON SERVICE				
			107	DATE				
3404932	RANDOLPH/SANDHI	8505	776	CLAIM DENIED DUE TO INSUFFICIE				
	LLS CO MH C			NT BUDGET				
		8800	173	FURTHER PROCESSING NECESSARY,	1	1132	1869	737
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		11	86	CLIENT NOT ELIGIBLE ON SERVICE				
		11	00	DATE				
					1			
					İ			
3404933	SOUTHEASTERN CT	8505	728	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
					1			
		8000	44	NO RATE AVAILABLE ON FILE TO P	31	874	2365	1491
				RICE THIS CLAIM DETAIL	31	0/4	2363	1491
		8931	22	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
				RVICES IN IFRS.				
3404934	ONSLOW COUNTY B	21	854	DUPLICATE OF CLAIM-SYSTEM				
	EHAVIORAL H							
		8505	262	CLAIM DENIED DUE TO INSUFFICIE	9	1387	1425	38
				NT BUDGET	,	1387	1423	30
		8800	107	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		n	n					
					0	0	0	
3404936	WILSON-GREENE M	21	36	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
		1		+				
		8517	14	CLAIMS DENIED, SUBMITTED BEYON	1	60	1294	1234
				D FILING TIMELIMIT. JULY	1	00	1234	12.34
				THROUGH APRIL DOS MUST BE SUBM				
		0510	7	OTATM DENTED CUDATEMES SOUGH				
	1	8518	1	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND	1			
				JUNE DOS MUST BE SUBMITTED BY	1			
					1			
3404937	EDGECOMBE NASH	8505	1102	CLAIM DENIED DUE TO INSUFFICIE				
	MNTL HLTH C			NT BUDGET				
	-	1						
		8800	595	FURTHER PROCESSING NECESSARY,	81	2434	4298	1864
				PLEASE CHECK FOR CLAIM ON	81	2434	4298	1004
				FUTURE RA'S.				
	<u> </u>	21	325	DUPLICATE OF CLAIM-SYSTEM				
					1			
					1			
3404938	HALIFAX COUNTYM	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
	1							
		0						
		0	0		0	0	0	(

							TOTAL	TOTAL
PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL	CLAIMS FINALIZED	CLAIMS PAID
	THOUSEN WARE			·	DENTRIES			
3404939	NEUSE MENTAL HE	8599	285	DETAIL NOT COVERED BY COMBINAT				
	ALTH CENTER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8621	24	60 RESIDENTIAL LEVEL III TREAT	17	342	1516	1174
				MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		8934	15	COTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404941	PITT CO MH/DD/S	120	513	CLIENT ID NUMBER MISSING OR IN				
	AS CENTER			VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		143	97	CLIENT ID NUMBER NOT ON STATE	26	796	1732	936
				ELIGIBILITY FILE				
		8599	87	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
2404040		2225		NAME OF THE OWNER OWNER				
3404942	ROANOKE CHOWANH UMAN SERVIC	8326	62	ATTENDING PROVIDER NUMBER IS R EQUIRED WHEN BILLED WITH GROUP				
				NUMBER. ADD ATTENDING NUMBER A				
	-	8000	42	NO RATE AVAILABLE ON FILE TO P	7	195	821	626
				RICE THIS CLAIM DETAIL		133	021	020
	1	-						
		8599	31	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DANIET THOMASE.				
3404943	ALBEMARLE MENTA	8505	169	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	L HEALTH CE			NI BUDGET				
		0000	150					
<del>                                     </del>		8800	150	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	0	319	432	113
				FUTURE RA'S.				
3404944	EASTPOINTE HUMA	8505	44	CLAIM DENIED DUE TO INSUFFICIE				
	N SERVICES			NT BUDGET				
		21	31	DUPLICATE OF CLAIM-SYSTEM	20	122	1656	1534
		8599	21	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404946		0	0	*** NO DATA TO REPORT ***				
3404940	FOOTHILLS AREAM ENTAL HEALT		0	NO DATA TO REPORT				
	1	0	0		n	0	0	n
3404957	TIDELAND MENTAL	8505	2142	CLAIM DENIED DUE TO INSUFFICIE				
	HEALTH CTR			NT BUDGET				
-	1							
		8599	163	DETAIL NOT COVERED BY COMBINAT	116	2544	3438	894
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	1	8800	99	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON		-		
	1			FUTURE RA'S.				
3404950		0	0	*** MO DATA TO DEDODT ***				
3404959	DAVIDSON CO MEN TAL HLTH CT	0	U	*** NO DATA TO REPORT ***				
	-	0	0		0	0	0	0
					0	0		Ů
3404979	NEW RIVER AREAM	8599	234	DETAIL NOT COVERED BY COMBINAT			-	
21013/3	NEW RIVER AREAM H/DD/SA PRO			ION OF RECIPIENT, PROVIDER AND				
	1			BENEFIT PACKAGE.				
	1	21	95	DUPLICATE OF CLAIM-SYSTEM	136	567	4967	4400
	1							
		8931	92	AMTNC INELIGIBLE TO RECEIVE SE				
	1			RVICES IN IPRS.	ĺ		ĺ	1